

Return & Repair Form:

Customer Information:

Company Name: Middlesex P.D. B: _____ S: _____
 Date Received: 24 May 11 Date Given to Service: 24 May 11
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: 7410-7110-6510-6810-7510
 9510- Drug Tester 5000
 Description: A - B - Plus - Screener - Demo
 Serial #: AR NK - 0037
 Printer Ser #: AR
 Whole Instrument _____ Top 1/2 _____
 Sim Ser #: _____
 Other _____ Probe Ser # DD _____ P _____
ACCESSORIES:
 110 V A/C Adapter Regulator Mag Card Rdr# _____
 Printer Paper Printer Ribbon Casio # _____
 Mouthpieces Carrying Case Dry Gas
 Other (Please Specify) _____ Warranty Exp. Date _____

Repair Information:

Test #

Reason for Return:

Part Number	Description	Qty	Total Cost
<u>6808455</u>	<u>FC</u>	<u>1</u>	<u>n/cw</u>
<u>6808486</u>	<u>Plate</u>	<u>1</u>	<u>n/cw</u>
<u>mp Cal 71</u>	<u>Cal</u>	<u>1</u>	<u>w/cw</u>
<u>mp Labor</u>	<u>Labor</u>	<u>0.5</u>	<u>n/cw</u>

Repair Notes:

PC# AFCA-0795
Install FC
Cal w/QC / Ops Check

Service Technician: [Signature]

Date: 5/27/2011